

## IMMUNOMODULATORS PA SUMMARY

|                      |                              |
|----------------------|------------------------------|
| <b>PREFERRED</b>     | Remicade, Enbrel, and Humira |
| <b>NON-PREFERRED</b> | Kineret                      |

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *Current users of Kineret at the time this criteria was enacted were grandfathered on their product.*

**PA CRITERIA:**

- ❖ Use of 2 preferred products in the last year.
- OR:
- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to the preferred agents.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).